ROYAL PHARMACEUTICAL SOCIETY
Scotland

SCOTTISH PHARMACY BOARD MEETING

Minutes of the meeting held on Wednesday 20 January 2016 at Holyrood Park House, 106 Holyrood Road, Edinburgh EH8 8AS.

PUBLIC BUSINESS

Present

Dr John McAnaw (Chair)	Mr Alan Glauch
Mr Jonathan Burton (Vice-Chair)	Mrs Kim Munro
Mr Ewan Black	Mrs Andrea Smith
Dr Anne Boyter	Mr David Thomson
Professor John Cromarty	Miss Elaine Thomson

In attendance

Alex MacKinnon, Director for Scotland (AMacK), Aileen Bryson, Scottish Practice and Policy Lead (ABr), Annamarie McGregor, Professional Support Pharmacist (AMcG), Susanne Cameron-Nielsen, Head of External Relations (SCN), Beth Robertson, Digital Communications Assistant (BR), Elspeth Bridges, Membership Development Officer (EBr), Deborah Stafford, Educational Development Pharmacist (DS), Carolyn Rattray, Business Manager (CR), Rebecca Martin, Business Support Assistant (RM), Helen Gordon, Chief Executive (HG), Ashok Soni, RPS President (ASo), Mair Davies, Director for Wales (MD), Jonathan Bartlett, Local Relationship Development Manager – Wales (JBa), Sultan 'Sid' Dajani, EPB member (SD), Charles Willis, Head of Public Affairs (CW) and Julia Robinson, RPS Correspondent (JR).

Professor Christine Bond joined the meeting via tele-conference for her agenda item at 12:30.

16/01. Welcome and Apologies

The Chairman welcomed everyone to the meeting, extending a special welcome to Rebecca Martin, the recently recruited Business Support Assistant. The Chair advised Board Members (BMs) that Professor Christine Bond and Dr Catherine Duggan would join the meeting for their respective agenda items by video / tele conference. The Chair also welcomed RPS Correspondent, Julia Robinson, Mair Davies (Director for Wales) and Jason Bartlett (Local Relationship Development Manager – Wales).

Apologies were received from Dr Ailsa Power.

16/02. Declarations of Interest

Board members were reminded to declare any specific interests prior to discussion of agenda items.
Jonathan Burton (JB) has provided a change in declarations of interest. Carolyn Rattray (CR) has updated these.

BMs were asked to complete the declarations of interest requested by Finance for audit purposes.

Action point: BMs to complete declarations of interest and return to CR who will forward them on to Finance.

16/03. Confirmation of Board Meeting Minutes

Scottish Pharmacy Board

approved

the minutes of the public business part of the Board Meeting held on Wednesday 30 September 2015.

16/04. Matters Arising

Page 10. Telephony: Lync telephony and the issues encountered using it, were discussed at the Assembly meeting in November 2015. AMacK confirmed that the Lync system works well in relation to conference calls but that individual calling was not working well. It was agreed that AMacK should pursue this matter further with Simon Redman (SR), Director of Finance and will report back. The Chief Executive (HG) suggested that a handset should be provided. HG agreed to follow up on this at Head Office.

Action point: AMacK to pursue the issues around telephony in the Scottish Office with SR.
Action point: HG to follow up with AMacK out with the meeting on the provision of a handset for the Scottish Directorate.

16/05. National Pharmacy Board Elections 2016

(Item: 16.01/SPB/06). Three BMs, Mr Jonathan Burton (JB), Dr John McAnaw (JMcA) and Mrs Kim Munro (KM), will be stepping down at this election. AMacK requested that BMs contact him, as Returning Officer, out with the meeting if they have any questions on the election process.

The Scottish Pharmacy Board

noted

the Scottish Pharmacy Board election 2016 paper (Item: 16.01/SPB/06).

16/06. Prescription for Excellence *(PfE)*

The Chair reported that he was unable to attend the last *PfE* Steering Board meeting, and that JB, as Vice-Chair, attended in his place. The meeting wasn't well attended as it clashed with certain management meetings and pharmacy was not well represented. The Chief Pharmaceutical Officer (CPO), Professor Rosemarie Parr,

gave an overview of the current position regarding 'the re-fresh'. It was interesting to note that issues raised aligned with those of the RPS and which the Society is involved with, e.g. early years' training, career paths, how to demonstrate and gain competence for new roles and professionalism. The CPO assured the Steering Board that she would be very open in her approach, speaking to as many stakeholders as possible. There were also presentations from e-health representatives who updated on progress on PCR and ECS. The Steering Board intends to form a sub-group to consider the Risk Register; the highest risk identified so far is engagement and involvement from community pharmacy. JB has noted interest to be a member of this group; this was welcomed by the Steering Board. Future meetings will be timed so that they don't clash with other meetings to ensure better attendance.
Elaine Thomson (ET) asked about the communication plan to get messages down to 'grass roots' level. This has been identified as a risk and is to be addressed. AMacK noted that communications had been considered at the Reference Group meeting held in December 2015 and that he would update BMs on this.
Andrea Smith (AS) asked if there are any firm commitments around the E-health programme. JB confirmed that there had been no firm commitments but that this meeting was very much about the start of the 'refresh.

AMacK reported on a productive meeting of the Reference Group, held in December 2015. The Group reviewed and provided input into the *Prescription for Excellence (PfE)* 'refresh' document. There was also a presentation on communications; this was as a result of criticism around the lack of communication to stakeholders. A Communications Officer has now been appointed to address communications' issues. Time lines are being considered and work is ongoing with pharmacy stakeholders to ensure that appropriate messages reach the pharmacy community. SCN confirmed that she can now liaise with the Communications Officer.
It had been assumed, mid 2015, that the Reference Group would be disbanded but it has been agreed that it should continue, meeting less frequently as a group but there will be small working groups focussing on specific aspects; these groups will tend to meet virtually.

16/07. Position Statement relating to all Board Members becoming members of the RPS Faculty

(Item: 16.01/SPB/08). Ewan Black (EB) noted a declaration of interest as he has already started the Faculty; EB did not feel that 'it should be incumbent upon those who have already gone through the Faculty to advocate that others should go through it'.
The Chair noted that the statement was 'originally crafted' by the Welsh Pharmacy Board (WPB) and something very similar has since been implemented in Wales. The SPB is asked to consider whether it wishes to issue a similar position statement.
AMacK suggested that the RPS Faculty is the single most influential initiative in 2016; there is a massive commitment to the Faculty in the SPB Business Plan 2016. The intention is for Scottish Directorate pharmacist staff to become members of the Faculty in Q1. AMacK asked BMs to support this intention as only by becoming members can they become credible ambassadors for the Faculty. A training day for Faculty Champions has been planned for Saturday 6 February; the Faculty Champions will then be able facilitate training throughout Scotland. The Faculty will be a route to Fitness to Practise (FtP). Mair Davies (MD) noted that there were two reasons why the WPB deemed it important to support the Faculty.

Leadership: If the Faculty is the direction of travel for the RPS then BMs, as leaders and role models 'should be taking this route'.
Position Statements from NHS in Wales: They have managed to get position statements from the NHS in Wales. One concern is that people aren't sure what level they will come out as; it is crucial that, whatever level is determined, that RPS members feel proud and empowered. Each Welsh BM has committed to submitting their Faculty portfolio by a specified date. MD added that there is a community pharmacy Faculty booklet that should be circulated to all SPB BMs.
RPS President, Ash Soni (ASo) noted that the General Pharmaceutical Council (GPhC) considers the RPS Faculty as the way to continuing FtP.
Anne Boyter (ACB) suggested that there should be a deadline for each BM but that it should not necessarily be within 12 months. Kim Munro (KM) concurred, noting concern about being prescriptive about deadlines: 'it is more about being on the journey'.
Elaine Thomson (ET) recommended 'buddying up with another person to bounce ideas off each other'.
John Cromarty (JC) noted that he supported the second and third bullet points but not the first because existing BMs hadn't signed up to the position statement when they stood for election. Alan Glauch was encouraged by JC's comments; he fully supports Foundation and Faculty and would advocate to anybody with a career path ahead of them but was not sure, at his stage of life, that it would be relevant. AMacK noted that, after much consideration, he had concluded that he should do the Faculty so that he could act as a mentor to less experienced pharmacists: 'to be able to help pharmacists better who are at the beginning of, or midway through, their pharmacy journey'.
The Chief Executive, Helen Gordon (HG) noted that the bullet points say 'should' rather than 'must' to allow 'wriggle room' for personal circumstances.
The Chair reminded BMs that this is a position statement and so not mandatory; also that the bullet points are about a journey rather than completion.

Action point: CR to circulate Community Pharmacy Faculty booklets to BMs.

The Scottish Pharmacy Board

supported

the adoption of the position statement on the RPS Faculty with the following amendments:

- JC did not support the first bullet point which referred to current BMs. He felt that the first bullet point could be brought into play for future BMs who would understand when putting themselves forward for election that they would have to become members of the Faculty.
- The paragraph that reads: 'All SPB members should achieve Faculty membership at an appropriate level and aim to complete within one year of starting their journey' should be amended to state: 'All SPB members should achieve Faculty membership at an appropriate level and **normally** aim to complete within one year of starting their journey'

16/08. Scottish Pharmacy Board Business Plan 2015, Quarter 4 (Q4)

(Item 16.01/SPB/09). AMacK advised BMs that the paper provided is a summary of the full 14 page report which is available for BMs should it be required. AMacK noted key **highlights** from 2015 Q4.

- Membership: 2015 was a very positive year for the Scottish membership, with both recruitment and retention of Members surpassing expectations. AMacK thanked the whole team, noting that the increases were as a result of the hard work on all fronts through LPF work, engagement with the universities, pre-registration (pre-reg) pharmacists and early years' pharmacists
- Delivery of two Conferences: The first Conference, held on 26 May, was a joint event with NHS Education for Scotland (NES), with approximately 200 delegates attending. The event worked very well, reinforcing the Society's relationship with NES and refocusing everyone's attention on *Prescription for Excellence (PfE)* and also best practice. The second event, the RPSiS two day national seminar was 'a rip-roaring success' that has led to further membership. The seminar identified and progressed the work of the Society in Scotland.

  Joint NES / RPS education project: time has been allocated later in the meeting for Deborah Stafford (DS), Educational Development Pharmacist, to provide an update on this project; 'it has been a real achievement'.

  Medicines Compliance Aids (MCA) project: This has now been completed with recommendations to Scottish Government (SG) for a national assessment tool.

  Out of Hours Review (OOH): An example of joint working between the Directors of Pharmacy (DoPs), Community Pharmacy Scotland (CPS) and RPS, the purpose of which was to submit an appropriate representation to SG's review on OOH.

  Scottish Directorate Budget: This has been kept 'in control' and finished the year under the re-forecasted figure, despite having significant budgeted expenditure in December 2015.

  Working partnerships: Working partnerships have been established with RPS and NES, RPS and Health Improvement Scotland (HIS), RPS and RPS / HIS / the Alliance and RPS and the DoPs). There has also been strong engagement with the NAPs and the SPAA group.

  Political advocacy: It is crucial to develop and maintain relationships with politicians and the team has been very active throughout the year in this aspect.

  AMacK then identified three work streams which didn't progress as had been originally intended.

  Revised Hospital Standards: It had been hoped to have some sort of activity to promote these in 2015; the revised hospital standards will form a strong element of the 2016 NES / RPS Conference.

  Joint working with the Royal College of General Practitioners (RCGP): This fell by the wayside in 2015 as a result of staff changes at RCGP. The relationship is now 'back on track' with a focus on three work streams in the first quarter of 2016, i.e. joint working around e-health, pharmacists working with GP practices and also care homes.

  Scottish RPS Patient Group: The intention had been to establish a Scottish RPS Patient Group; this was not possible but a successful seminar was held in June 2015.The establishment of a Scottish RPS patient group is included in the 2016 Business Plan.

  EBr requested that BMs set up twitter accounts to advertise events and raise the profile of the RPSiS. AMacK noted the increase in social media statistics.

AMacK thanked all team members for their efforts and achievements over the last year. He also thanked BMs for their contribution and strategic direction in 2015.

16/09. Scottish Pharmacy Board Business Plan 2016

(Item: 16.301/SPB/10). AMacK explained the Business Plan for 2016; the main objectives align with the RPS strategic goals for 2016 – 2021.
Costs will need to be stringently monitored and kept under control in 2016.
Membership targets in 2016: Further information on Membership will be found in Confidential business.
Health & Well-being: a second joint NES / RPS Conference is being planned for 17 May 2016. This summit will be very much about sharing best practice with elements around transfer of care across the pharmacy sectors. The Summit will also be used to promote the RPS Hospital Standards. AMcG noted that the Hospital Standards will make up one of the six workshops and that the event will be wide-ranging and 'very broad'. The CPO has already been secured as the main introductory speaker. BMs were asked for their support of this event.
Quality and Safety Roadshows - Error Reporting: A partnership group, made up of RPS (leading), CPS, NES and HIS, supported by SG, has been established to deliver a series of roadshows which will focus on the quality and safety agenda. Topics will include error reporting and the newly revised 'Yellow Card Scotland' initiative. The roadshows will be set against the contextual background of the Society's just culture and professionalism work.
Prescription for Excellence *(PfE)*: The RPSiS has a continuing commitment to *PfE,* with representation on the Steering Board, the Reference Group and members in working groups. JC asked whether the revised *PfE* work plan had been circulated to BMs; the revised work plan is not yet available; AMacK to find out when it will be made available.
Clinical Improvement Partnerships: The RPSiS is keen to nurture clinical improvement partnerships in 2016; working with NES, NHS Boards, HIS and the DoPs to help enable and progress the clinical improvement agenda to help progress the pharmacist's clinical role. ASo asked for more context around clinical improvement partnerships; noting that it might not be clear to external stakeholder. AMacK assured BMs that there will be a detailed operational plan underpinning the Business Plan 2016; this will be circulated to BMs. AMacK agreed to add more details to give clarity.

Work stream around positioning pharmacists in A & E departments, GP practices and being strong advocates for the community pharmacist's role.
Public Affairs / Public Relations (PA / PR): PA /PR will be very busy in 2016, particularly with the Scottish parliamentary elections where up to 1/3 of current MSPs are stepping down, meaning that new relationships with prospective candidates will need to be established and nurtured over the coming months. The SPB's Manifesto will be launched today with photographs and press releases.
Access to Records campaign: this forms part of the SPB Manifesto; the matter will, once again, be raised with the Cabinet Secretary for Health & Well-being in Q1.
Partnership working with RCGP: This will be a priority in 2016; the partnership is back on track with agreement to produce three joint position statements; once these have been produced there will be a review and re-fresh of the 2012 joint working plan in light of *PfE* and other work streams.
Health & Social Care Integration (H&SCI): The RPSiS will promote the pharmacist's contribution; this has potential to form a workshop at the NES / RPS conference in May 2016.

Resourcing the pharmacy profession: The SPB Manifesto refers to resourcing; this is about lobbying for pharmacists to be properly resourced, i.e. to have protected learning time and training. 'This is not just about more cash'. Positioning statements will be prepared to support this work in Q1.
RPS Foundation and Faculty: It is proposed that pharmacist staff will complete their Faculty portfolios in Q1 and Q2. Q3 will be about mentoring and leadership. Engagement with under-graduates and pre-reg pharmacists will continue; this is vital as it is clear that it is mainly this that has grown the membership in 2015.
Joint NES RPS project no 2: This still has to be defined, although the funding has already been secured. Project No 2 will start to look at developing a vocational training programme for newly qualified and early years' pharmacists with a particular focus on the community sector.
RPS Guidance, Tools and Standards: These will continue to be promoted at events and across the networks.
Research and Evidence Base: The intention is to promote Research Ready throughout the year. There will be a science and research event in Q3 (possibly end of September 2016) in the Scottish Parliament (SP) on Science and Research. The event will either be a similar event to the anti-microbial event or a stand will be placed in the SP for a number of days. This work stream is vital and is part of the Society's strategic plan.
Patient Engagement: An RPSiS patient group will be established in 2016. Discussions on the best way to do this will take place with the Alliance and RCGP.
Patient Awareness Campaign: ABr is leading on the patient awareness campaign. Although RPSiS will work on this, it was agreed that it would be more effective as a GB campaign. Staff will continue to attend appropriate cross-party working groups; this allows the opportunity not only to engage with politicians but also with patients.
Pharmaceutical Press: The team will support Pharmaceutical Press, taking publications to events and meetings. ASo noted that, as well as books, the digital content should be promoted.
HG welcomed the format and quality of the SPB's Business Plan 2016; it links into the strategic goals that the Assembly and BMs have worked to refine. Longer term planning will align more effectively. HG and AMacK to work together 'on milestones and other measurables'.

Action point: AMacK to find out when the revised *PfE* work plan will be available and, when it is, circulate it to BMs.
Action point: AMacK will share the operational details of the Business Plan 2016 with BMs.

The Scottish Pharmacy Board

approved

The Scottish Pharmacy Board's Business Plan 2016.

16/10. Update on RPS Conference 2016

This year's RPS Conference takes place on 4 and 5 September 2016. Dr Anne Boyter (ACB) reported on a very productive RPS Conference committee meeting held on 14 January. The Conference is now taking shape. Prof. Jayne Lawrence (JL), RPS Chief Scientist, is now part of the organising committee in the hope of bringing back the scientist into the 'Innovation in pharmacy: Clinical Practice and Science' work stream.

This also fits with the RPS definition of what science is in terms of pharmacy; it is not just the traditional laboratory based science but is also about research in pharmacy practice.

Dr Zubin Austin, Professor and inaugural holder of the Ontario College of Pharmacists Research Chair at the Leslie Dan Faculty of Pharmacy, University of Toronto, Canada, is confirmed as one of the plenary key note speakers.

The conference is starting to take shape in terms of workforce development and education which could make up four different plenary sessions:

- How do we develop the workforce to deliver models of care?
- How do we develop the workforce to deliver Quality Systems?
- How do we develop the workforce to deliver new and safe medicines?
- How do we develop the workforce to support pharmaceutical science in the UK?

There is to be an 'Evidence in Practice' work stream, which will bring in the science aspect and also the review of abstracts.

Chairs have been confirmed for all the sessions:

- Workforce Development and Education will be chaired by Prof. Chris Langley FRPharmS, Associate Dean, Aston Pharmacy School.
- Developing and Enabling Models of Care will be chaired by Kevin Noble MRPharmS, Pinnacle Health Partnership LLP.
- Innovation in Pharmacy: Clinical Practice and Science is to be chaired by Dr Patricia Oakley MRPharmS, Kings College, London.
- Evidence in Practice is to be chaired by Dr Cristin Ryan MRPharmS, School of Pharmacy, Royal College of Surgeons in Ireland.

Matters for consideration include:

- Involvement of the CPOs; it has been agreed that they should form part of the plenary. JC noted disappointment that the CPOs are to be involved. ACB advised that the steering committee had agreed that, politically, the CPOs should be kept 'on board' as leaders and as the link to governments. Andrea Smith (AS) agreed that the CPOs should be involved. HG is writing to CPOs with a very clear focus on what is expected. ACB reminded BMs that the CPO's session is only one part of the conference and asked that BMs send in suggestions around the format and content of the sessions at the Conference
- How the national Board Chairs can contribute.
- The committee is keen to involve BMs and it has been suggested that 'Meet the Board' sessions should take place over the lunch breaks. Also, 'Board Bingo!' where delegates try to get stamps / 'selfies' or signatures from every BM and the first one to collect them all, wins a prize.

The final discussion at the meeting was about the Fellowship presentations and tying that in with members' journeys and being recognised by the Society. The final session will be in a chronological order starting with Poster Prizes, Faculty membership, Fellows and then the presentation of the Charter Medal, demonstrating what Members can aim to achieve in their career and as part of the professional body.

BMs were asked how they would like to contribute and shape the programme; they were also asked for suggestions of people who could be involved. ACB suggested that ET might be able to contribute to a session on pharmacists working with GP practices.

Action point: BMs to email ACB with ideas and suggestions around the delivery of the RPS Conference.
Action point: ACB to circulate the draft programme via the SPB weekly update.

16/11. NES / RPS Educational Project

The final report has been prepared and will be circulated to AMacK and from NES, Anne Watson (NES) and Dr Ailsa Power (AP) for comment and feedback before being forwarded to the CPO. Onward distribution will be on advice.

The highlights of the report include:

- Identifications of areas for development within Education and Training provision.
- Foundation / Early years
  The VT2 programme has a hospital target audience and does not support development of management and organisational competencies.
  There has been a reduction in the teaching in relation to clinical knowledge which was the remit of the two Schools of Pharmacy. There is a need to develop the clinical knowledge teaching either through vocational training or Robert Gordon University / University of Strathclyde.
- Advanced Practice
- Practice Portfolio - therefore the evidence required to develop portfolios is not readily available as part of the assessment process. It is the experiences provided in the individual's day to day practice that enable evidence development.
- Gaps exist in the areas of leadership, education and training.
- Mapping is to Advanced 1 level. Progression to Advanced 2 and Mastery is achieved by practice.

Recommendations include:

- the development of a working group of the stakeholders – NES / Professional organisations / DoPS / SG to consider the potential for a blended post-registration training programme with the clinical component and supported teaching in the workplace. Consideration of the Foundation School Accreditation Principles and experiences of community organisations introducing the Foundation Programme would assist discussions.

- Similarly, SG and the above stakeholders should consider how to expose 'Early Career' pharmacists to learning opportunities such as management and organisational skills by testing a cross sector VT programme which supports the advanced practitioners that *PfE* describes.
  The Chair thanked DS for her work and dedication in producing the report and for her update.

Action point: DS to produce a presentation that can be taken out to the membership and to stakeholders once it has been reviewed by the key stakeholders and permission attained.

The Scottish Pharmacy Board

noted

the NES / RPS Educational Project update.

16/12. Policy and Consultations

Homeopathy Policy.

(Item: 16.01/SPB/13(i)). Aileen Bryson (ABr), Scottish Practice & Policy Lead, gave a brief overview of the policy, noting that the Society has a commitment to review the policy which is an old RPSGB statement which the Science Team took to the House of Commons. The RPS, as a science based profession, has been challenged on the policy and why the Society would recommend selling homeopathic medicines in pharmacies. It quickly became apparent that the membership has a very wide spectrum of views on homeopathy; it became a 'hot topic' at the RPS Conference. A survey on homeopathy was circulated to the membership.

The SPB is asked to decide whether to keep the policy as it is, or should it be reviewed and, if so, which way should it be reviewed or should the membership decide? A conversation with Prof Lawrence (JL) resulted in an option 4, further engagement with the membership, being included. JL was concerned that there had been a very small response to the survey, even though the survey had reflected absolutely the same views as the RPS Conference meeting. The survey results show the polarisation in the views of the membership. It showed that many pharmacists (66%) do not have control as to products that are stocked in pharmacies. The view of the Science team is that, as a science based profession, the Society should have a policy on the sale of homeopathic medicines in pharmacies.

The Chair suggested that as a professional body we can give our view based on scientific evidence, however, the pharmacist should have autonomy to sell what he / she wants.

EB suggested that the statement 'the RPS doesn't endorse homeopathic products as a form of treatment, however….' should be the headline with the other bullet points falling below.

DT declared an interest in that he had previously been a licensed Associate of the Faculty of Homeopathy and had used homeopathic medicines with some success, particularly, with children. DT noted that, when he practised as a pharmacist, there was a degree of unscrupulous practice around the availability of homeopathic products. Pharmacy brings a degree of standard to the availability and safety of homeopathic medicines.

AMacK – it is very difficult for the professional body to issue a policy stating that pharmacists should not sell homeopathic products when many GPs are prescribing them. ABr assured BMs that there is a move, in a number of health boards, to stop funding the prescribing of homeopathic products.

JB suggested that this issue should be debated at LPF events under the banner of: '*the safe use of medicines' and evidence based research and*

practice; this would provide Members with the tools to be able to help consumers make informed choices*'.*
ET suggested that homeopathy is a complex issue; NHS Tayside is erring towards stopping the use of homeopathy in prescribing, however, the placebo effect is useful. ET is keen for patients and the public to be able to make informed choices. ASo felt that a general principle exists around enabling pharmacist to be able to have informed conversations with patients and the public. .
HG noted that it is a really helpful document that will assist with dialogue with the Scottish Medicines Consortium, RCGP and other bodies at an appropriate level. The Chair noted that the document states 'homeopathic and herbal remedies' but says very little about herbal remedies; this needs to be clarified as herbal remedies are different.

The Scottish Pharmacy Board

Supported in principle

the Quick Reference Guide with minor amendments.

Managed Repeats.
(Item: 16.01/SPB/13(ii)). ABr reported that feedback from the SPB Board meeting, held in September 2015, was noted and the paper amended accordingly, i.e., to have everything pertaining to Scotland in the main text rather than in a box. Since then the paper has been considered by *Pharmacy Voice* (PV), the Company Chemists' Association (CCA) and the Superintendents' meeting. The current paper is the culmination of all of this. The Director for England had made changes around the word 'exceptional'. The policy statement is strong emphasising the need to support NHS services, what is best practice and quoting the SG again. SG has confirmed that it is satisfied with the paper but that another line is required, stating that Scotland does not endorse managed repeats. It was agreed that the wording has been softened but the message has been strengthened. The policy needs to be published at the earliest opportunity so that local protocols can be established.

JMcA considered that: '*Where managed repeat services are undertaken it is expected that the pharmacy will order only what the patient requires, ensuring continuation of treatment, patient safety and avoiding medicines waste',* is a key statement; it encapsulates the intention of the RPS without 'trying to enshroud it in unnecessary detail.
ACB disagreed with the word 'pharmacy' it should be amended to read 'pharmacists'. JMcA suggested that the word 'ensure' be included, i.e. *'that the pharmacist will ensure that only what the patient requires is ordered'.* ABr to change the wording to reflect the requested amendments.

DT noted that managed repeats are the single biggest handicap to the community pharmacy service, particularly around the chronic medication service (CMS). DT was satisfied with the content; it is sufficiently robust to protect the Society and is workable.
ASo explained that, in England, some GP practices are abrogating responsibility for dealing with managed repeats, stating that this is the

responsibility of pharmacists. The challenge is to encapsulate that, from a professional perspective, a pharmacist may have no choice but to make sure that medicines are ordered with the risk being that if it is in 'exceptional circumstances', it might compromise what would be in the best interests of the patient. The phrase emphasises the constraints that pharmacists are expected to apply.
EB noted that he would be 'content as long as the wording pertaining to Scotland is included. It will be with more emphasis to say that Scotland does not endorse managed repeats. EB would prefer that the policy stated clearly that the RPS does not endorse managed repeats. ABr confirmed that an extra sentence will be included, stating that managed repeats are not endorsed in Scotland.
Kim Munro suggested that pharmacy staff should be included, i.e. *'that the pharmacist will ensure that the pharmacy staff will only order what the patient requires.*
ABr reported that a recent study in Bristol demonstrated that most waste is generated as a result of patients ordering their own medicines; managed repeats were second and the best system was the 'pathfinder site', where pharmacists had control at every stage of the process.

The Scottish Pharmacy Board

approved

the managed repeats policy with the following amendments:

Pharmacy is changed to pharmacists, that 'ensure' is included and that the sentence should read that the pharmacist will ensure that pharmacy staff only order what the patient requires. The statement should now read:

> *'Where managed repeat services are undertaken it is expected that the pharmacist will ensure that pharmacy staff will order only what the patient requires, ensuring continuation of treatment, patient safety and avoiding medicines waste'.*

Medicines Supply Principles.
(16.01/SPB/13(iii)). This paper considers the RPS position on the principles of medicines' supply.

EB suggested that 'convenient' be replaced with 'where appropriate'.
ASo suggested that caution should be used when talking about 'supply' because it 'almost commoditises that element', whereas the principle is about access to care around medicines. The role of the pharmacist should be considered as part of the package of care. It is important to move away from 'medicines supply'; ABr suggested that the title should be changed to reflect this. AS agreed with ASo, stating that conversations around the Scottish Patient Safety Programme (SPSP) are about educating the public to expect to be asked questions by the pharmacist.
MD asked that the paper (with Scottish track changes) be emailed to the EPB and WPB for consideration.

Action point: BMs were asked to email any feedback on this paper to ABr.
Action point: ABr and policy team to consider changing the title of the policy and also refocus of policy.
Action point: Once amendments have been included and track-changed, ABr to circulate to the EPB and WPB.

The Scottish Pharmacy Board

supported in principle

the paper on Medicines Supply Principles pending the suggested amendments.

Prescribing Pharmacists.
(Item: 16.01/SPB/13(iv)).This paper was commissioned in England; it is a work in progress. Since it was commissioned there have been two additions for the national boards to consider:

- Experienced pharmacists being the designated medical practitioner (DMP) for independent prescriber training.
- It may be time to reconsider this and that the initial education and training should go beyond the fundamental standards set by the GPhC (to prepare pharmacists on day-1 of registration) to ensure preparedness for continued foundation training. ACB noted that consideration should be given to the under-graduate course which has changed and improved over the previous 5 years and that much of what is being considered is already happening. ACB was more concerned about the two years after graduation; 'young pharmacists have the knowledge but it is not built on in the early years afterwards', i.e. the pre-reg year and the first years in practice. It was agreed that this action should be amended.

Further work is required around:

- how to support pharmacists who are not prescribers and what they can contribute to the profession; this would allay the anxieties that arose when *PfE* was published.

This paper is for information; it will be presented again to the Board at a later date.

The Chair noted that the statement at the top of page 5 is one that all BMs would concur with.

The RPS believes that the designated practitioner role could be undertaken by a qualified and practising non-medical prescriber. Legislation would need to be amended to enable this to occur.

DS asked if there is anything available to support the development of soft skills, etc. She suggested that it might be better to have a medic as a designated practitioner because they have been trained in the soft skills required to deal with patients and families. JMcA noted that medics are not 'stepping forward to be

DMPs and so there is a capacity issue'. He suggested that there should either be more GPs or non-medical prescribers as designated practitioners to help develop more independent prescribers. He would expect that anyone embarking on a period of learning and practice would spend time with a non-medical prescriber as well as a medical prescriber 'to get the balance'.
HG suggested consulting with other bodies, i.e. GPhC, the academic sector and DH as it would be more impactful and effective; as this is an English paper, ABr was unable to give a definitive answer.
DT suggested that this context impacts on the medicines supply paper because it would bring in re-design and workforce planning that would free up capacity to take on the extended designated practitioner role.
ASo reflected on the section that considered training and the underpinning that sits with it which links to the Foundation and Faculty, particularly the capabilities to support aspirations in terms of the prescribing process.
AS noted that certain health boards, i.e. Fife and Grampian, are looking at the Primary Care Development Fund money to develop General Practice Clinical Pharmacists; a GP practice might get a pharmacist prescriber and in return be asked to be a DMP for another practice.
ET: Pharmacists should not be working in isolation when they are prescribers; it's about multidisciplinary working.
MD is setting up a joint forum with the Welsh CPO and Community Pharmacy Wales around independent prescribing.
ABr summarised the discussion, noting that a section on multidisciplinary working should be included. ABr will feed back to England the comments and changes and the updated paper will be revisited by the Boards at a future date.

16/13. Launch of the SPB Manifesto

SCN introduced the Manifesto to BMs (circulated), thanking everyone for their contribution; it has been a real team effort. The Manifesto is about to go to print and the accompanying cover letters, targeted to different audiences, are being finalised; It will be sent out to all Scottish Members who, it is hoped, will engage with their local candidates. It will also be emailed to all new candidates and also candidates who are currently MSPs. The Manifesto has already been emailed to the CPO and Martin Moffatt at SG and also the Cabinet Secretary and the two health ministers. Politicians will be encouraged to sign up to the statements on the front page of the Manifesto.

It is hoped that the Manifesto will be promoted via social media and the website. The news releases are ready to be sent out as soon as the Manifesto has been launched.

Engagement with stakeholders is crucial, particularly those who are referenced in the document and with whom RPSiS has very strong working relationships. SCN asked BMs to advise of any other organisations who should be included in any engagement. ABr noted that this 'is a really good working document for the next five years'. The manifesto takes into account the RPSiS response to Wilson & Barber and also the Society's direction of travel and does it 'in lay man's terms'.

SCN requested that BMs sign the Manifesto and then have a photo taken which can be disseminated through the networks.

Beth Robertson (BR), Digital Communications Assistant, has sent BMs a package of infographics and key messages which she asked BMs to share on social media.

Action point: BMs were asked to share names of stakeholders / organisations that should receive the Manifesto.
Action point: BMs were asked to talk about the Manifesto to their networks. Briefing papers will be available for BMs to help with discussions.
Action point: BMs to share infographics and key messages through social media.

The Scottish Pharmacy Board

supported

The SPB Manifesto 2016.

16/14. Science and Research Update (including Research Ready)

The Chair introduced Professor Christine Bond (CB), who joined the meeting by teleconference. CB is Chair of the Pharmaceutical Science Expert Advisory Panel (PSEAP) working group which is looking at increasing the evidence base for pharmacy; this is of great interest to the SPB and the Chair asked how the Board, and the RPS, can align with this work and what can be done to further enhance its input into developing and improving the evidence base.

CB noted that she would give a brief high level summary and would then give more detail where required. CB had been given a brief to consider why science and research are important to the profession, what can be done to promote it and to give a brief outline of the work of the PSEAP (which CB chairs), how the PSEAP can interact more with the NPBs and how the SPB can support the panel. Embedded in all this is Research Ready (RR). Science and Research underpin the pharmacy profession; RR is a small component of a bigger picture.

When starting to look at Public Health (PH), it was evident that pharmacists saw PH as something separate; it is integral to what pharmacists do. The New Medicines, Better Medicines, Better Use of Medicines document was intended to 'bring science back into the picture'; not only has it been designed for the profession but also for those outside the profession to demonstrate all that pharmacy encompasses. Seven recommendations for further research have come out of the New Medicines guide; the RPS is leading on the following four:

- Ensuring the safe use of medicines
- Increasing the evidence base for pharmacy
- Antimicrobial development and stewardship
- Adopting new technologies

Each work stream has a working group (sub-group of the PSEAP) attached to it; CB chairs the working group looking at the evidence base for pharmacy as well as the PSEAP. This working group has developed more than the other working groups in that additional membership of the working group is being considered; it has been recognised that the working group needs to be broadened out. A recruitment campaign for younger people with an interest in research took place in December 2015, but no applications from Scotland were received.

There are two newly established RPS groups which are closely aligned and feed into the Increasing the Evidence Base for Pharmacy working group. The RPS Antimicrobial Expert Advisory Group is chaired by Dr Harpal Dhillon and the RPS Research team is led by Dr Rachel Joynes. CB assured BMs that work is not being duplicated, the group acts in an advisory capacity and brings a different perspective to the table.

CB suggested that BMs could support the recommendations by:

- Pharmacovigilance: encouraging pharmacists to engage in pharmacovigilance (ensuring the safe use of medicines); 'it is known that HCPs who have a professional obligation to report to the Yellow Card Scheme are not reporting all that they might'. Also, pharmacovigilance is vital in the context of many new medicines coming out. In Wales, a Yellow Card (YC) Champions scheme has been introduced; there are now 13 YC Champions nominated from community pharmacy across the country. Since they were appointed in 2013, the reporting rate for adverse drug reactions has increased exponentially. CB suggested that this might be introduced in Scotland
- Research Ready: In England, 178 pharmacies are registered as 'Research Ready'; at the present time, there are only two 'Research Ready' pharmacies registered in Scotland, despite promotion. CB asked if there is anything that can be done to promote the RR initiative. One positive is that the Chief Scientist's Office has been persuaded to include community pharmacies in the *Support for Science* funding which means that if community pharmacies participate in research by recruiting and/ or screening patients, etc, they will get paid and their role in research recognised.
- Research training opportunities: There are various research training bursaries, scholarships and Fellowships available which are rarely taken up in Scotland. CB suggested that BMs might promote these throughout Scotland.
- Antibiotics: A coordinated approach is required from pharmacists across Scotland.

CB then went on to inform BMs of the workings of the PSEAP. The PSEAP reports to the Professional Leadership Body Board (PLBB) with the working groups reporting to the PLBB via the PSEAP. A significant area of work for the PSEAP is considering lobbying from an evidence base, an example of this is cannabis re-scheduling. This is not about removing the legislation which prohibits supply but is about its schedule so that it can be obtained and used in research to find out if cannabis has any therapeutic effects.

Other areas for consideration are:
E-cigarettes: There is contention between the PSEAP and Public Health England (PHE), which is promoting the use of e-cigarettes. The PSEAP has many concerns; there is confusion around the one product that is regulated for therapeutic use but is not yet available and the multiplicity of e-cigarettes that are not regulated.
The issue around 'legal highs': How to ensure that these are used safely or that they are managed in the correct way. Also, how community pharmacists can be helped to support worried parents. Research from the University of Hertford has demonstrated the lack of knowledge around legal highs.
Science work stream at the RPS Conference 2016: The PSEAP is leading on the planning of the Science work stream at the RPS Conference 2016.The focus will be

on ensuring that there is a scientific basis to all the work presented at the Conference and that pharmacists are reminded of the underpinning science.

CB noted that it would be very beneficial if BMs would engage more closely with the PSEAP. BMs were advised that the PSEAP is seeking new members as since its inception, in 2010, there have been a number of resignations.

The Chair thanked CB for her overview; he noted that some of the areas mentioned are key areas in the SPB's Business Plan for 2016, particularly around the safe use of medicines, with the YC Scheme and pharmacovigilance featuring quite strongly. As part of this, a number of road shows on the safe use of medicines are being planned.
The Chair asked for more information about research in community pharmacies. CB noted that the RR scheme will support the up-skilling of community pharmacists. CB assesses RPS Faculty submissions and they have demonstrated that research is an area where community pharmacists fall behind.
ABr thanked CB for her presentation, noting that the work that is being undertaken is very useful in the consideration of policy etc. ABr asked why reports go to the PLBB and not the Boards. CB confirmed that the intention is for reports to be funnelled down to NPBs.
AMacK advised that there are a number of elements, not least the 'Safer Use of Medicines' document which are included in the 2016 BP and which the RPSiS is to take forward. The intention is to either hold an event in the Scottish Parliament or take an exhibition stand which would demonstrate how science and research is vital to underpinning pharmacy practice.
AMcG noted that research will form a work stream at the NES / RPS Conference on 17 May. AMcG and JB are working together, looking at how to promote the RR scheme. BMs were encouraged to do the same. CB suggested that some events should be run from Edinburgh as London is too far.
BMs were asked to consider topics for the PSEAP to work on; AG asked whether public patient engagement would count as research. CB confirmed that it does and that it would be fed into the PSEAP as a priority.
CB asked that when the call for nominations comes out within the next month, some Scottish nominations are forthcoming.

The Chair thanked CB once again and agreed to follow up with her on the RPSiS's Science and Research activities during the year.

Action point: BMs to consider topics for the PSEAP to work on.
Action point: BMs to recommend membership of the PSEAP to their networks.

The Scottish Pharmacy Board

noted

the Science and Research Update (including the Research Ready Scheme and the work of the PSEAP.

16/15. External Relations.

Susanne Cameron-Nielsen (SCN), Head of External Relations, provided a brief report on the results of the survey of Scottish MSP politicians 2015. It was agreed that the presentation would be circulated to BMs in the SPB weekly Update.

This is the 16th year that the Society has commissioned a survey of Scottish politicians. The RPSiS used a new provider in 2015; the methodology was similar to previous years, but the new provider has proved to be more cost effective, whilst delivering results that better reflect the current political climate and the RPSiS's impact.

- The results show that a good number of MSPs 'know the RPS very well and this has increased year on year'. This is not only because of activities in Scotland but also in England and Wales – 'A team GB effort'.
- Favourability has also increased; this is as a result of increased engagement and taking a qualitative approach; thinking about what matters to the MSP.
- The majority of MSPs recall that they have met with RPSiS representatives and they are reasonably satisfied; the main thing being that only 3% are dissatisfied.
- The level of satisfaction is very positive and appearances at the Health & Sports Committee, i.e. ABr giving evidence on the Assisted Suicide Bill in early 2015 and also Sandra Melville giving evidence on seven day working has had a significant impact.

AMacK noted that the results were very positive but that 'we mustn't rest on our laurels as popularity dips with elections, especially as there will be a significant turnover of MSPs'.
KM asked if we had the names of all the candidates standing at the Scottish Parliamentary elections; SCN confirmed that not all had been announced yet.

Action point: CR to circulate the MSP Survey 2015 results presentation to BMs in the SPB Weekly Update – 22 January 2016.

16/16. Professional Development and Support Update

Dr Catherine Duggan (CD), Director of Professional Development & Support (PDS) had been scheduled to dial into the meeting to provide an update and answer any questions, however, due to extenuating circumstances, this was no longer possible. BMs and staff were asked to feedback any questions and comments directly to CD.
JC requested that future reports should not be formatted to have vertical wording as challenging to read (Page 3).

The Scottish Pharmacy Board

noted

The Professional Development and Support Update.

16/17. Chair and Vice-Chair's Report

BMs were asked to feedback any comments and questions to the Chair and Vice-Chair

The Scottish Pharmacy Board

noted

The Chair and Vice-Chair's Report.

16/18. Key Messages

It was agreed that the key messages should be:

- The RPS Manifesto
- SPB Business Plan 2016 (two key areas)
- Pharmacist Support '175' appeal

16/19. Any other business

Scottish Patient Safety Programme (SPSP):

Andrea Smith (AS) gave a brief verbal update on the SPSP. In November 2015, HIS held a two day national learning event for the SPSP-PPC in Stirling, to which the four Health Boards participating in SPSP attended. Also invited were the Boards who originally applied and had been unsuccessful. All sent representation.

To recap, areas that the SPSP has been looking at:

Year 1: The collaborative looked at high risk medicines and tools and interventions around them. Two Health Boards were looking at Warfarin and the other two Boards were looking at non-steroidal anti-inflammatory drugs (NSAIDs).
Year 2: Medicines reconciliation.

In both years 1 and 2 the collaborative will conduct a safety climate survey; this has proved very interesting around safety culture, organisational learning and response and learning to events and near-misses that happen within the pharmacy.

An interim report has just been submitted to the Health Foundation, the body that is funding the two year programme. The full report and evaluation is due in summer 2016. The programme ends in June / July 2016 and after that, next steps will be to consider an implementation and spread strategy. There will be discussions with SG and others around how to embed the quality and patient safety into the Community Pharmacy Contract.

Roadshows with HIS and RPS are being organised to take place in Q3.
DT noted that GGC Health Board has been sharing patients' discharge information with pharmacies since the Right Medicine.

Website Development Project:
AMack noted that SCN sits on the Website Development Group, as the Scottish representative. HG advised that a website provider has now been chosen.

The Scottish Pharmacy Board

noted

The Website Development Project Update.

British National Formulary (BNF):
DT advised that there are a number of concerns around BNF70; these concerns have generated from community, hospital and students. HG suggested that concerns

should be forwarded to Karen Baxter (KB), BNF Director, and that she should provide an update for the SPB

Action point: BMs to feedback comments on the BNF70 to KB.
Action point: AMacK to ask KB to provide an update to the SPB.

16/20. Date of next meeting

The date of the next formal meeting of the Scottish Pharmacy Board will be Wednesday 20 April 2016.